

BEST AVAILABLE COPY

ISSUE SLIP STATE DEPT. (for additional cross references)



POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PRX	67604	8/31/99
O.I.P.E. CLASSIFIER		48	9/2/99
FORMALITY REVIEW	Y.L. Y.H.	71626	9-9-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	6/25/01	
2	✓	9/13/01	
3	✓	6/23/02	
4	✓	6/23/02	
5	✓	6/23/02	
6	✓	6/23/02	
7	✓	6/23/02	
8	✓	6/23/02	
9	✓	6/23/02	
10	✓	6/23/02	
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49	✓	6/23/02	
50	✓	6/23/02	

Claim	Final	Original	Date
51	✓	6/25/01	
52	✓	9/13/01	
53	✓	6/23/02	
54	✓	6/23/02	
55	✓	6/23/02	
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57	✓	6/23/02	
58	✓	6/23/02	
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95	✓	6/23/02	
96	✓	6/23/02	
97	✓	6/23/02	
98	✓	6/23/02	
99	✓	6/23/02	
100	✓	6/23/02	

Claim	Final	Original	Date
101	✓	6/23/02	
102	✓	6/23/02	
103	✓	6/23/02	
104	✓	6/23/02	
105	✓	6/23/02	
106	✓	6/23/02	
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147	✓	6/23/02	
148	✓	6/23/02	
149	✓	6/23/02	
150	✓	6/23/02	

If more than 150 claims or 10 actions
staple additional sheet here